
Fundamental Skills for Case Managers

A Self-Study Guide

UNIT 2: CASE MANAGEMENT CHALLENGES



UNIT 2: Case Management Challenges
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Overview and Instructions

A good working relationship between client and case manager is at the heart of effective case management. Developing and maintaining that relationship requires a clear understanding of the case manager's role. Unit 1 of this guide, "Essential Communication Skills," discusses basic relationship-developing skills such as normalizing, validating, and being empathic. This unit addresses some of the more complex issues and concerns case managers may face.

This unit is the second of four units. It is divided into six chapters:

1. Healthy Professional Relationships
2. Bias and Cultural Sensitivity
3. Home Visiting
4. Crisis Intervention
5. Teamwork
6. Putting It All Together

Each chapter except "Putting It All Together" includes *Learning Objectives*, *Things to Think About*, *Guidelines for Practice*, and a number of activities to reinforce the information provided.

Please complete the *Pre-Test* before you begin. As you read through this unit, complete all of the activities and conclude by completing the *Post-Test*.

You will be asked to demonstrate the skills you have learned for your supervisor, either by practicing a role-play or by being observed with a client during an appointment or home visit. Your supervisor will use the *Observation Skills Checklist for Supervisors* at the end of this unit as a guide. Your supervisor will document your completion of this unit using the enclosed *Supervisor Sign-Off Sheet*. Your supervisor will not read your responses – only confirm that you have done the activities and correct your *Post-Test*.

I. Healthy Professional Relationships

Learning Objectives:

After completing this chapter, you will be able to:

1. Describe how to set appropriate boundaries
2. Explain when to disclose personal information
3. Explain “overgiving,” or working harder than the client
4. State the signs of inappropriate boundaries
5. Describe how and when to confront clients
6. Identify areas that are challenging for you to talk about
7. Explain how to identify a client’s stage of readiness for making behavioral changes

A. Boundaries

In case management, boundaries are the lines that define the roles of client and case manager. Boundaries clarify who has responsibility for any given task, what types of personal information should be requested and disclosed, and what level of involvement between case manager and client is appropriate.

Setting Professional Boundaries

There are many benefits to establishing and maintaining boundaries. For case managers, clear boundaries facilitate the development of warm, productive relationships — rather than friendships — with their clients. Boundaries stop case managers from doing too much and stepping in where they shouldn’t. They help prevent job burnout and improve job satisfaction (see “Taking Care of Ourselves,” page 58).

For clients, boundaries help clarify what they should expect from the case manager and prevent clients from feeling hurt or disappointed when unrealistic expectations are unmet. Boundaries also provide clients with the opportunity to focus on themselves and their goals during their time with the case manager and to be the center of attention in a positive way. Finally, clear boundaries prevent clients from becoming dependent on the case manager.

Invitations

Case managers often receive invitations to celebrations such as baptisms and birthday parties, and their clients expect them to attend. Each agency must decide for itself where to draw boundaries in these situations. Having an agency policy helps case managers set appropriate boundaries without offending clients. Below are some guidelines to consider when deciding if it is appropriate to attend specific events. Agencies and case managers should assess each event on a case-by-case and client-by-client basis.

Guidelines for Attending Client Events

1. Is the event specifically within your job description?
2. Does the event allow you to maintain your personal boundaries?
3. Will it be okay for you to state who you are and what your role is if someone asks?
4. Does the event take place within your normal working hours?
5. Is the event a celebration of work you have done with the client?
6. Does it promote the client's empowerment?
7. Does it protect the confidentiality of the client and other clients?
8. Will you be safe?
9. Does attending this event reflect overinvolvement on your part?
10. What are the consequences of not attending, and how might you address your client's feelings?

Respecting Clients' Boundaries

Clients vary in terms of how they set personal boundaries. Some will tell you everything and depend on you to listen. Others are quite private, even secretive. When dealing with more expressive and open clients, you may be the one who sets boundaries about what you hear and what actions you take. With more private clients, it may feel like a struggle to elicit the information you need to help them. With these clients, try to figure out whether you really need the information they are reluctant to disclose. This will help you explain your motivation and lessen the chance that they will feel like you are prying. To demonstrate respect for clients' personal boundaries, ask permission before asking personal questions.

Avoid the pitfall of becoming overly involved or invested in your clients' lives. It's natural to want to be helpful or to feel that you are the only person the client has to talk with. After all, most case managers become professional helpers because they are caring, compassionate people who really want to make a difference in their clients' lives. They often judge themselves by how successful they are at getting clients to make change and improve their lives. However, it is possible to be too helpful. While case managers can help clients identify goals and develop strategies for achieving them, it's up to the clients to solve their own problems. When case managers take over and do the work or interfere with what are really the clients' decisions, then they are overstepping their boundaries.

ACTIVITY: Assessing Your Professional Boundaries

INSTRUCTIONS: Put a check mark next the statement(s) that are true for you.

Current Practice	Always True	Sometimes True	Never True
When making referrals, I empower my clients to follow up as much as possible on their own.			
On important occasions, I let my clients know I care about them and am proud of them by writing a card or telling them in person instead of attending the occasion or festivity itself.			
I identify difficult sections of an application, and help the client figure out what is needed in just that section.			
I acknowledge to my client when I feel like I'm asking for personal information.			
Although I care about all of my clients, I know that their successes and challenges are theirs, and I don't judge my own work by them.			
I wait to make self-disclosures until I have a reason that would help the client.			
When I leave work, I leave my work behind.			
I don't give my home phone number to clients.			

Respecting Your Boundaries: Self-Disclosure

Personal Questions

Clients sometimes ask their case managers personal questions. Think carefully before answering questions which aren't relevant to your work together.

For example:

- "Do you have a boyfriend?"
- "Who do you live with?"
- "Have you ever gotten high?"

However, underlying these questions may be questions that are worth answering:

- “Do you understand?”
- “Have you ever been through this?”
- “Am I normal?”
- “How can you help me?”

If you don't sense an underlying question but feel that clients are asking out of curiosity, you can say, “I know you're really curious about me, especially because we talk a lot about you. But I am here to focus on you, so you can have someone who is there for you.” Or, “I know a lot of people are curious about me, but I find that when I talk about myself it gets distracting, so I prefer to focus on how I can be of help.” However you set the limit, it's important to do so in a way that honors the client and doesn't cause embarrassment.

Sharing Personal Experience

In case management, clients are asked and expected to “open up” and share things that are deeply personal. Conversely, case managers are expected to keep things professional and not disclose personal information. This imbalance can make case managers feel that they appear rejecting or distant. But sharing too much personal information can transform a professional relationship into a peer relationship or friendship, so that the work loses its focus.

There are times when self-disclosure can actually help clients meet their goals and is therefore both effective and appropriate.

Example: “When I was trying to quit smoking, I found the smoking cessation class at the local hospital really helpful.”

For self-disclosure to be helpful, you need to know the reason you are disclosing that particular piece of information at that point in time. How will your experience help the client?

ACTIVITY: Self-Disclosure

INSTRUCTIONS: Write your responses to the following questions.

1. Think of a challenge you have experienced and what you might share about it that would be helpful to a client dealing with similar challenges.

What would you share? _____

In what situation would it be helpful to a client? _____

What are the exact words you would use? _____

Now that you've written it down, does it still feel relevant to your clients' goals? _____

2. A client asks you, "What's your relationship like with your boyfriend/girlfriend?"

How do you respond? _____

Appropriate Boundaries for Case Managers (table)

Issue	How Friends Interact	How Case Managers Interact With Clients
<i>Sharing Personal Information</i>	Friends share personal information with each other freely and equally.	Clients share personal information with case managers in order to help define and work toward goals for self-improvement. Case managers (CMs), however, share personal information with clients only if doing so will help clients meet their goals.
<i>Dealing with Problems and Needs</i>	Friends want to help their friends with problems. Friends share equally and work towards addressing each other's needs as they arise.	CMs focus on their clients' concerns and rarely, if ever, share their own personal problems.
<i>Power and Authority</i>	Friends share power and authority equally.	CMs have more power and authority than their clients and use them respectfully to help clients meet their goals.
<i>Availability</i>	Friends agree when and how they can reach each other.	CMs are available only during work hours as told to clients by phone, at the agency, or during a home visit. Likewise, clients are not always available to CMs.
<i>Involvement in Each Others' Lives</i>	Friends have some involvement with several areas of each other's lives, such as school, religious activities, recreation, and family events.	CMs may be involved in some areas of their clients' lives depending on their clients' goals and permission to be involved.
<i>Social Events</i>	Friends attend each other's important family and social functions, such as birthday parties, baptisms, and graduations.	Agencies may have policies about when CMs can attend clients' social events. When attending, CMs should be able to be open about their relationship to the client rather than pretending to be a friend.
<i>Stance</i>	Friends often take each other's side.	CMs look objectively at their clients to see how they can support their growth.

ACTIVITY: Challenges to Boundaries

INSTRUCTIONS: Using your exact words, write how you would respond to the following questions or situations.

1. Your client invites you to her quinciniera (celebration of womanhood). What do you say?

2. Your client just had her wallet stolen and asks you for bus fare home. How do you respond?

3. Your client is nervous about calling a new childcare provider. What do you do?

4. Your client notices your engagement ring and asks you about it. What do you say?

B. Empowering and Motivating Clients

Changing old habits and forming new ones takes time and practice. While some clients are easily motivated to work on goals, others are more reluctant. Since we have all experienced how difficult it can be to change, it is helpful to think for a moment about how people change behavior.

How People Change

People make behavior changes only when they are ready to do so, and everyone approaches change differently. However, researchers have identified five stages that people go through in the process of making a change. This model of behavior change is called the “Transtheoretical Model” or the “Stages of Change.”

The Stages of Change

1. Precontemplation: not thinking about making a change
2. Contemplation: thinking about the need for a change
3. Preparation: getting ready to make a change
4. Action: making a change (within the last six months)
5. Maintenance: sticking with the changed behavior (six months and longer)

In addition to these stages, you can also expect:

Relapse: going back to the old behavior

In the following examples, the behavior of smoking while pregnant is used to illustrate each of these stages.

1. Precontemplation (not thinking about it)

In this stage, clients are not yet thinking about changing their behavior and may not even be interested in talking about it. They may not be aware of any risks or may have decided that, in spite of the risks, they are not going to change. Since clients in this stage do not believe that their behavior is unhealthy or that a problem exists, they don't see the need to do anything. Clients in this stage may say things that sound like denial statements or rationalizations. They may not believe the information you provide. They may also seem defensive or hostile if they are psychologically invested in continuing the behavior.

Example: Your client is 10-weeks pregnant and smoking cigarettes. She says, "I haven't really thought about my smoking – why do you ask?" Or, "I've smoked every day for two years, and I'm just fine. This is a stressful time to not smoke."

Suggested Approach: Create doubt about safety of behavior, increase awareness of risks, personalize risks, provide information.

2. Contemplation (thinking about it)

In this stage, clients are starting to think about changing their behavior. They may not yet be committed to doing so, but they are becoming concerned about the risks. This stage can last for a long time. Clients may need to be convinced of the positive results of behavior change. They may seem reluctant, ambivalent, or even pessimistic.

Example: The client has thought about what you said to her about how smoking can negatively affect the health of her baby and is considering quitting. She says, "After I talked to you, I started thinking more about whether I should stop smoking for the baby's health, but I don't know if I can." Or, "It's hard to quit smoking when my friends all *smoke*."

Suggested Approach: Help weigh the pros and cons of changing behavior, strengthen self-efficacy.

3. Preparation (getting ready for action)

In this stage, clients have plans for changing their behavior and are collecting the information, tools, and support they need to do so. They are motivated and can see the benefits of making change.

Example: The client asks you for a list of support groups to stop smoking. She says, “I’m going to the drugstore later this week, and I want to find out if you can use a patch when you are pregnant.”

Suggested Approach: Examine available alternatives to behavior, identify tools or support needed, discuss possible obstacles, make a contract or an action plan, give referrals, provide encouragement.

4. Action (doing it)

In this stage, clients have started to change their behavior. Clients really need your support during this stage, which can be the most demanding. The action stage can be a rewarding time for the case manager, as there are noticeable behavior changes. However, people are vulnerable to slipping back to an earlier stage during this time. Clients are considered to be in the action stage during the first six months of making a behavior change.

Example: The client tells you, “I haven’t had a cigarette for three days.”

Suggested Approach: Reward and praise effort, reinforce plan of action, discuss support as needed.

5. Maintenance (living it)

In this stage, clients have successfully changed their behaviors for at least six months and those changes have become part of their lives.

Example: Your client comes for her last visit and tells you that she hasn’t smoked for six months. She says, “I am so happy that I could take care of my baby this way!”

Suggested Approach: Continue to praise, support ideas, determine ongoing support as needed, help identify strategies to prevent relapse.

Relapse

It is normal and typical for people to have difficulty sustaining new behaviors. Clients will often relapse — fall back into old behaviors or fail to maintain new ones. For example, it often takes a smoker several different tries to quit smoking for good.

Avoid judging or criticizing clients for relapses. Instead, help them identify what led to the relapse and find ways to get back on track.

Example: Pregnant client reveals that, as her due date approaches, she has begun smoking again.

Suggested Approach: Help the client remember how she was able to change the behavior before, and review what was helpful in the past. Prepare her for the likelihood of future relapses. Teach her to counter negative thoughts and shame about her relapse with positive self-statements.

Applying the Stages of Change

The practical application of the Stages of Change model is to assess and “stage” clients so that you can respond to them in a manner that will promote behavior change. Evaluate which stage of change your client is in for each issue that arises, and tailor your intervention. Otherwise, your efforts may be in vain, and your client may feel misunderstood.

For example, you don’t want to make an action plan with a client about getting a General Equivalency Diploma (GED) if s/he isn’t motivated to do so. The client needs to think more about the importance of a GED and weigh the pros and cons of acquiring it. Once the client is motivated, s/he can start thinking about action steps.

Case managers often think they can help clients go from precontemplation to maintenance, setting themselves and their clients up for feeling inadequate. Instead, focus on helping clients move toward the next stage, not the end goal. If you can achieve this, you should consider yourself successful. Don’t equate change only with action — change happens even when you don’t see it. The pattern of taking two steps forward and one step back is normal and expected for most people. Change doesn’t happen in a straight line.

ACTIVITY: Stages of Change

INSTRUCTIONS: Read the following vignettes, and determine what stage of change the client is in. Then, write what you would say to support the client at that stage.

1. Maria decided that she would stop giving her baby orange soda and is now giving him more milk.

Stage: _____

What you would say to support her: _____

2. Nikki was drinking regularly but stopped during pregnancy. Now she's drinking every night when the baby goes to sleep.

Stage: _____

What you would say to support her: _____

3. Lin is unaware that putting her baby on his back is the safest way to put him to sleep.

Stage: _____

What you would say to support her: _____

4. Johnny is considering learning how to do "time-outs" with his son.

Stage: _____

What you would say to support him: _____

5. Rita is going to a smoking cessation class, although she is still smoking. She wants to quit.

Stage: _____

What you would say to support her: _____

6. Two months ago, Cecilia decided she would start reading to her baby. She has continued to read to him every night.

Stage: _____

What you would say to support her: _____

Strategies for Motivating Clients

All clients have difficulty with motivation at some time or another – it's only natural. Teenagers have a lot going on, so be prepared for and accepting of any motivational issues they may have. Consider what the lack of motivation may be telling you. Are they afraid? Do they lack confidence? Would they rather work on something else? Is a family member opposed to the change they are considering?

Encourage Journal Writing

For some teens, writing is a good outlet and can help them understand themselves better. They can keep a journal or a log and record their behaviors and feelings. One approach is to have them write down events that occur and organize them into two categories: "situations" and "myself." Under "situations," adolescents write accounts of things that happened to them that they did not initiate. They describe their reactions and how they feel about what they did. Under "myself," teens record actions or behaviors they did initiate, and describe their reasons, reactions and feelings. They can write simple questions such as "why am I doing this?" and then answer their own questions. The goal of this exercise is to help them learn how their feelings make them behave.¹

Find Out What They Feel Good About

Most teens have something that they feel good about – their ability to make friends, their role in taking care of siblings, or their ability to play a sport or excel in school. Sometimes you can draw on this skill or strength in helping the client work toward a goal you've been discussing.

Find Blind Spots and Share Relevant Information

Sometimes clients have blind spots and don't see the situations they are in clearly, and many teens find it hard to plan ahead. These barriers can make it harder for teens to take actions that would improve their circumstances. You can help them by carefully sharing information and observations. Helpful information can be divided into two categories: information that helps clients understand their difficulties better, and information about what actions they might take. Remember, teens can be very sensitive to being told what to do, so only offer observations that are relevant to the decisions they are making.

Address Underlying Fears

Find out from your clients if there is anything negative they think might happen if they were to take the specific steps they are having a hard time with. Do they think they won't be able to do it? Will someone give them a hard time about it? You may mention certain fears you have had, if you think it would be helpful.

Work on External Obstacles

Ask your clients what is getting in the way of meeting their goals. You can do this in a supportive way and emphasize their strengths. For example, you might say, “I know you’ve said this is something you want to do, and I believe you. You must have some reasons for not doing it, or maybe something is getting in the way. I’d like to help you figure out what that is.” If a client answers, “I don’t know,” offer a checklist of possible obstacles and have them identify problematic areas.

Providing Material Support

Some teen clients may be more willing to open up if you provide them with material goods that help them meet the challenges they face.² These might include bus passes, diapers, or car seats. Be clear on your motivation for giving these items out. Although you needn’t be a gatekeeper of your agency’s available resources, it is important to make sure that material support doesn’t hamper your clients’ empowerment.

Challenge, Don’t Confront

Challenges are statements that encourage clients to draw on strengths to do something they haven’t done before. Rather than emphasizing weakness, challenging reminds clients of something they’re good at and asks them to apply this skill or experience to something they’re working on. For example, you might say, “You are so good with people! You have a natural way of putting them at ease. I think you can use this same talent in working on your GED. Let’s talk about how.”

Try to word challenges in a way that encourages clients to respond rather than react. Focus on unused strengths or underused resources rather than on weaknesses. Take a supportive, rather than critical, approach. Teens are very attuned to negative reactions from others. They may underestimate positive feedback and overemphasize the negative. Your job is to help them feel more able and confident to do the work they need to do. Help them remember how they have solved other problems, and focus on the ways they have been adaptive, courageous, or flexible in the past. Help them generate options and choose between alternatives. Avoid giving advice. A challenge should be an invitation!

ACTIVITY: Challenging Your Clients

INSTRUCTIONS: After reading the following descriptions, write a challenge that would help the client mobilize strengths and resources to work on the issue stated.

Mariah is sometimes a little rough with her baby. You think she is capable of being gentler because you know she's very sweet with pets.

What would you say if you were posing a challenge? _____

Kristin is a 17-year-old and in her first trimester. She is a very good student and has had a reputation for being reliable. She hates doctors, though, and is having a hard time getting herself to prenatal care.

What would you say if you were posing a challenge? _____

Immediacy: Responding to What is Happening in the Room

Often important issues arise indirectly, and it's important to address them when they do. For example, you notice that the client is suddenly very tense and quiet, and you wonder if she is mad at you. In order to find out, it is important to talk about what is happening in the moment. This is called "immediacy." When you acknowledge what a client is feeling, you can help her/him feel safe and accepted. It also gives you the opportunity to clarify any miscommunication. This deepens your relationship and helps your client learn about her/himself.

Example: You are talking with Elizabeth when she suddenly gets annoyed and snaps at you. If you ignore it, you won't know why she spoke sharply, and Elizabeth will think you either didn't notice or don't care. This may make her feel alone or that you are not helpful, and she won't have a chance to work through her annoyance. But if you talk about your observation with her, you can explore what's going on together. If there's been a misunderstanding, you can clear it up. If you've stirred up some feelings in her, she can share them. Immediacy shows Elizabeth

that you really care about her feelings and that you can tolerate and accept them, whatever they are – even if they’re about you. Most importantly, immediacy provides an important way to model how she can talk about her feelings right away without denying them, burying them, or building up resentment. To improve your working relationships, it is useful to gain skills in talking about awkward, confusing, or painful interactions when they occur, as they most certainly will.

ACTIVITY: Practicing Immediacy

INSTRUCTIONS: Using your exact words, write what you would say in the following scenarios to acknowledge what is happening between you and your client.

Melanie is a new client, and she’s very quiet. It’s hard to get any information about her. The silence is uncomfortable. You say: _____

Myisha is very angry at you for reporting her to Children’s Protective Services (CPS) after she left her baby asleep in the house alone for an hour. She responds to your questions with quick, monosyllabic answers. You say: _____

C. Confronting Clients — When Necessary

The purpose of confrontation is to help clients develop insight into the effect their choices have on them. Use this technique when you think it is imperative that clients stop a certain behavior and when you are unable to use other methods, such as challenging, to get them to work on their goals. When clients lie, manipulate, engage in self-destructive behavior, or are angry, it is important to let them know that you are aware of what is happening. Often, clients will automatically deny any of these behaviors.

Lying

If a client lies to you, let her/him know that you are aware of what is going on. You might say gently, “I’m sorry that’s what you’re saying, because I’m aware that the situation is different.” If lying is a common problem in your relationship, tell the client that this is getting in the way of your ability to be helpful. Point out the consequences of lying – that, for example, you won’t know when to believe her/him.

Manipulation

If a client consistently exploits or manipulates you to do things you don’t want to do, take note of it. It’s important to know your own feelings and what the pattern is before you begin to address the manipulation. For example, does the client manipulate you when s/he wants something? Once you know what the pattern is, you can set appropriate limits.

Risk-Taking

Examples of risk-taking behaviors include binge drinking, driving under the influence, engaging in unprotected sexual activity, and self-mutilation. These behaviors must be acknowledged and addressed. Keep track of all signs and symptoms of risk-taking so that you can talk to your clients using specific, concrete examples of your observations. Risk-taking can be a cry for help, or there may be other underlying reasons for the behaviors. Consistent self-destructive risk-taking may warrant a referral to a mental health professional.

Anger

Clients may have a lot to be angry about, and they may on occasion take it out on you. Or, a client may have a very angry style and seem angry all the time. If you feel that you are being unnecessarily targeted, tell the client. Some clients will respond very well to being listened to and feeling “heard” by you. For these clients, simply saying, “Did I do something to make you mad? If so, I apologize,” may be all they need. Or you might say, “You sound mad — are you?” If clients know they can be angry at you, you may be able to get further in your work together.

Being allowed to be mad does not mean that clients can be disrespectful, offensive, or insulting. These behaviors and others like them should be identified, and limits should be set. For example, you might say, “I hear you calling me names, and that’s not okay with me. If you’d like to talk with me now, you will have to stop insulting me. Otherwise, we’ll have to talk later when you can talk to me without insulting me.”

ACTIVITY: Confronting Clients Effectively

INSTRUCTIONS: Using your exact words, write down what you would say in the following scenarios to acknowledge what is happening between you and your client.

Sheryll is a 15-year-old who comes from a large family. Her mother is an alcoholic. She shows up for half of her appointments and invents reasons for missing the other half. She also calls up asking for things with explanations that you know are not true. You know you are not the only one experiencing this. What do you say?

Jamila is a smart, streetwise girl who you've been working with for a year. She recently changed the way she dresses, and you notice that her grades have dropped. She is leaving her baby with her mother much more than she used to, and you think you smelled alcohol on her breath on one occasion. You have heard from others that she is in a gang, but she denies this. What do you say?

D. Dealing with Sensitive Issues

Every case manager has an issue they don't like to talk about — something that feels uncomfortable to them or an area where the words just don't seem to come. For some this issue is sexuality, for others substance use, and for others parenting.

To become more comfortable talking about this subject, examine your life experience to see what makes the subject hard for you. Then consider doing some of the following to increase your comfort level:

1. Keep a journal
2. Talk to a friend
3. Talk to your supervisor or a colleague
4. Do some reading on the topic
5. Go to a training on the topic

ACTIVITY: Beyond Your Comfort Zones

INSTRUCTIONS: Below is a list of topics that you may address in your work. Check the areas that are stressful or uncomfortable for you to talk about with clients. Then, check off the reasons why you feel uncomfortable. Finally, jot down what you plan to do to increase your comfort in these areas.

Topic	✓	Personal Experience	Lack of Knowledge	Values	Plan
Sexuality					
Parenting					
Breastfeeding					
Childbirth					
Sexual Abuse					
Fathers of Babies					
Substance Use					
Manipulation					
Lying					
Grief and Death					
Saying Goodbye					

E. Endings and Transitions

As your relationship with your client comes to an end, it is important to acknowledge that transition. Many clients have had little or no positive experience with goodbyes; they have been abandoned by parents, relatives, friends, teachers, and other case managers. People simply leave their lives without any sense of closure. This is especially true for clients who have been in the foster care system and have a history of abandonment. Sometimes clients are uncomfortable with endings and will sabotage the situation in order to avoid a healthy closure.

Many adults have trouble saying goodbye too. Do a personal inventory to assess what your feelings are about closure and endings. This will help you feel better prepared when that time comes with clients. Allow time to say goodbye and bring your relationship to a thoughtful close.

Closure sessions are most effective when they take place in person. If this is not possible, write a letter of closure to the client reviewing what s/he has accomplished. Comment on the changes your client has made, the hard work s/he has done, and what you've learned from and enjoyed about the relationship. It's especially helpful if you can spend some time reviewing what did and didn't work for the two of you. This may help your client develop insight into what works for her/him in other situations and what mistakes to avoid. Healthy closure gives you the opportunity to honor the relationships you have developed with your clients, recognize their accomplishments, and give them hope for the future.

Healthy Professional Relationships

Things to Think About

- What kind of relationships will you strive to have with clients and their families?
- What kinds of support will your clients need and accept?
- How can you talk about what's happening between you and your clients?
- What kinds of boundaries do you set at home and at work?
- Do you accept your clients as they are?
- How do you focus on your clients' strengths?

Guidelines for Practice

- ★ Relate to your clients as clients, not friends.
- ★ Respond to what happens between the two of you in the moment.
- ★ Discuss with your colleagues how to set healthy boundaries without rejecting clients.
- ★ Respect your clients' boundaries and model appropriate ones.
- ★ Encourage your clients to take as many steps as possible toward meeting their goals, even if those steps are small.
- ★ Continually assess your clients for their current "stage of change," and use the appropriate intervention.
- ★ Help your clients identify and build on their strengths.
- ★ Use your professional authority responsibly by confronting self-destructive behavior.
- ★ Use direct communication.
- ★ Disclose personal opinions and/or information appropriately.

2. Bias and Cultural Sensitivity

Learning Objectives:

After completing this chapter, you will be able to:

1. Describe the role culture plays in your clients' behavior and choices
2. State your own assumptions and cultural biases
3. Explain the impact of certain biases on your work with clients
4. Describe ways to prevent bias from affecting your work

A. What Is Culture?

Culture is important to consider in case management, because our cultural lenses affect how we view our clients and their behaviors, and how we communicate with them. Although it is common to think about culture as being related to race or nationality, the idea of culture is much broader than that.

Culture consists of learned languages, ideas, beliefs, values, symbols, and traditions that people in a group use in their lives and in dealing with the world. This cultural identity sets them apart from other groups.

Most people belong to several cultures and are influenced by them to varying degrees. Countries, families, schools, and workplaces all have their own unique cultures. A young person whose parents come from Vietnam but who has grown up here, goes to high school, and works at McDonalds will be affected by all of these cultures. Families pass on their cultures through their values and traditions. Organizations like schools or agencies pass on their cultures through the rules and hierarchies that govern them.

This chapter focuses on how culture influences case management. Case managers working with clients from different cultures need to do two things at once: they need to be mindful of their own assumptions, attitudes, thoughts, and feelings while also being aware of their clients'. Doing so enables the case manager to work with clients within their cultural frameworks.

B. Interpretations of Cultural Differences

The Institute for Human Services writes, "Much cross-cultural miscommunication results from an incorrect interpretation of the meaning of the specific behaviors . . . within the cultural context."³ One example of this is the meaning of eye contact, which can be interpreted in many ways:⁴

- It can communicate an interest in another person, a desire to get to know her/him.
- It can communicate that one sees another person as an equal.
- It can be seen as a challenge, suggests aggression, or can communicate the intent to fight another person for position or status.
- It can communicate disrespect or a lack of appropriate deference to someone in a position of authority.

Avoiding eye contact can also have different meanings:

- It can communicate shyness or discomfort.
- It can indicate a desire to ignore another person, discount her/his importance, avoid a relationship, or be unfriendly.
- It can be a sign of deceit or of not being truthful.
- It can be a sign of respect and deference to someone in an esteemed or honored position.

Eye contact is just one example of how cultural differences can yield a variety of interpretations of the same behavior and language. For example, “spoiling” may have different meanings to a Vietnamese family, an African-American family, and a Caucasian family. Clients from each of these cultures may also have different feelings about what, when, and how to feed a baby. Asking questions about how your clients see issues helps you understand them better. Working to accept those views is key to forming working relationships with you clients.

Sometimes clients raise issues of difference themselves, and it’s important to know how to respond appropriately.

Example: A white case manager visiting the home of an African-American client is asked if she wants water. She politely declines, stating that she has her own water with her. The client’s mother says, “You just don’t take water from a black family.”

The case manager is surprised by this response, but says, “I’m so sorry I gave you that impression!” She says she appreciates the offer, and then explains that she has gotten in the habit of carrying water with her because she is in her car a lot and some people don’t offer her anything to drink. She says that now she knows she can leave her water bottle behind next time she visits, and she thanks the client’s mother for saving her that trouble.

She adds that she does think race often affects how people treat each other, and she's sorry if people have treated the mother or her family rudely for racist reasons. She ends by saying that she hopes that in her work with the client's family, they will see that she tries very hard not to make assumptions and to learn from people who are different from her.⁵

In this example, the case manager did the following things:

- She clarified her intention without being defensive.
- She acknowledged the other person's feelings, and apologized for inadvertently hurting her.
- She created an opportunity to change the false impression.
- She validated the issue, indicating she knew there was a good reason for the other person's feelings.
- She addressed the issue, stating that she was open to dealing with the issue by talking about it.

C. Preventing Bias From Affecting Your Work

Case managers' attitudes and beliefs can cause them to push clients toward unrealistic goals or to impose goals that are not appropriate for their clients. The greatest risk of this may be when case managers are not aware of these attitudes and beliefs.⁶ By being aware of their beliefs, case managers can avoid influencing their clients in ways that go against the clients' belief systems.

Example 1: A client's religious faith teaches her that the Lord will look after her and that everything is in His hands. The case manager's culture stresses the value of self-reliance and independence. However, instead of applying these values to the client's behavior, the case manager attempts to understand the client's behavior from her religious perspective. This enables the case manager to view the client as "trusting," rather than "passive," and to work with her on becoming "all that God wants her to be." Otherwise, the client might have experienced the case manager as pushy and critical of her beliefs.⁷

Example 2: A case manager is uncomfortable with the idea of a "family bed" but is working with a teen mother whose toddler sleeps with her and the baby's father. As the teen discusses her child's nighttime sleep patterns, the case manager monitors his comments to make certain that he does not unwittingly share his bias.

Identifying Cultural Norms

Learning About Your Client's Culture

One way to prevent your values or biases from negatively affecting your relationships is to learn about your clients' cultures and what they consider acceptable and normal. When starting to work with clients whose cultures are unfamiliar to you, take some time to determine their attitudes about the following subjects, either through observation or gentle questioning:

Family structure: How do parents assert authority? What do parents want for their children? Who cares for the children? What is the role of the extended family?

Religious beliefs: What are the client's religious and spiritual beliefs and practices? Do these beliefs affect how the client sees her/his current situation?

Society at large: How do the client's parents feel about the dominant culture? How do the family and culture view professionals and outsiders?

Communication: What language do the client and her/his family speak? What is expressed nonverbally? How do people communicate nonverbally?

Health and Illness: What does the family think about prenatal care and well-baby visits? Do they come from a place where healthy children receive medical attention? Is illness thought to be caused by emotions or spiritual phenomena? Are doctors/nurses the healers or are there alternatives that are important and prominent, such as priests, santeros, shamans, yerberos or curanderos?

View toward case management: Are counselors seen as those who work with the mentally ill? Is there stigma attached to using case management services?

Time orientation: Is the client most concerned with the present, the past, or the future? Does s/he see appointment times as rigid or flexible? Does s/he do one thing or several at a time?

Sexuality: Are chastity or modesty valued? Is there the same standard for males and females? Can sexuality be discussed by two people who are not intimate? Is it considered shameful? What are the norms for sexual behavior?

Teen pregnancy: Is it culturally acceptable to get pregnant as a teen? Are there other teen parents in this family? Is it shameful, neutral, or positive to be a teen parent?

These general norms and values will help inform your perspective of your client but will not provide the entire picture. To guard against stereotyping, you will need to ask questions specific to the individual, such as, “How does your family usually handle that type of situation?” or, “What does your family think about you getting your GED?” Being aware of different perspectives and asking questions helps you better understand your clients and work with them to develop appropriate plans and goals.

Exploring Your Own Culture

Identifying your own cultural values and beliefs is another important step in removing bias from your relationships with your clients and can help you feel more comfortable with clients who are different than you.

ACTIVITY: Your Family Values – Past and Present

INSTRUCTIONS: Below is a list of questions about your own history and experience for you to explore. You do not have to write any responses, just think about them.

Who took care of you when you were a child? When did someone other than your mother care for you?

What were the rules in your house?

What were the expectations? Were there different expectations for different children?

What form of discipline was used?

Who made the decisions in your family?

Who did your family turn to for help?

What role did extended family play in your life?

What were your family's values and beliefs about:

- Respecting your elders
- Sex outside of marriage
- Pregnancy outside of marriage
- People who didn't work regular jobs
- Formal education
- Gender roles
- Talking to people/strangers coming into your home
- Childrearing
- Money
- Success

Which of these values have you retained, and which have you departed from?

Reflecting on personal experiences and values is a reminder of how these issues shape who we are today. Sometimes we carry very different beliefs and values from those we were raised with. We may also have very different beliefs and values than our clients. The important task for case managers is to be able to work respectfully within their clients' values and belief systems.

In summary, effective and sensitive work by a case manager takes place when s/he knows that each person is more than her/his race, gender, age, size, and culture, yet may be affected by all of these. Each person is a unique combination of qualities, personality, and life experiences. Once you've looked at your own culture and thought about all the ways you can interpret any one behavior, you're on the way to having a sensitive and supportive relationship with your clients.

Bias and Cultural Sensitivity

Things to Think About

- What are the cultural influences that have shaped who you are and what you think and believe?
- How can you learn from your clients about their cultural norms?
- What assumptions might you make about your clients, and how can you keep these from affecting your work?
- Are there any sensitive or uncomfortable areas that you need to work on that might help you be a more effective case manager?

Guidelines for Practice

- ★ Relate to your clients as individuals, and avoid making assumptions.
- ★ Remain alert for feelings and judgments about your clients, whether they're positive or negative.
- ★ Try to be aware of your own values and opinions.
- ★ Find out as much as possible about your clients' values, beliefs, and cultures.
- ★ Seek out other sources of information about your clients' cultures, such as books, cultural events, and movies.
- ★ Acknowledge differences, and express openness to discussing them.
- ★ Communicate respect, openness, and interest.
- ★ Correct any misunderstandings as they arise, and apologize for your role in them. Turn these misunderstandings into a learning opportunity for both you and your clients.

3. Home Visiting

Learning Objectives:

After completing this chapter, you will be able to:

1. Explain the importance of home visiting in case management
2. Give examples of how to convey respect to family members
3. Describe how to interact with the family
4. Explain how to keep yourself safe
5. Give examples of strategies to deal with dangerous situations
6. State the importance of agency protocols

A. The Purpose of Home Visiting

Home visiting enables you to begin your relationships with new clients on their home turf, where they are often more comfortable. You have the opportunity to learn more about them and become familiar with their culture, beliefs, and practices firsthand. You may also meet their families and begin to establish rapport with them. Be prepared to observe carefully. When a teen client is already parenting, a home visit allows you to watch her/him as a parent and to provide relevant support and guidance.

B. Preparing for the Home Visit

Note: This chapter is written as if the initial assessment is being done in the client's home. Most home visits are planned, which gives you an opportunity to think about the impression you would like to make and what you want to accomplish with the client. Review the section on preparing for the first meeting on page 7 of “Unit 1: Essential Communication Skills.” The following are some suggestions that will increase the likelihood of a productive visit:

1. Set goals for your visit.
2. Tell the client how long you will want to talk with her/him.
3. If you are scheduling the first visit, tell the client over the phone that you will explain the program to them in more detail during the visit.
4. Explain that things usually go better when the client's family knows who you are and why you are in their home. Let the client know how you will interact with her/his family and how you will set boundaries. You might say, for example, “I usually talk to the family more during the first visit than I do later on. This way I can answer their questions, and you and I will be free later to work together on meeting your goals.”
6. Be sure to bring all relevant handouts, supplies, and referrals.

C. Rapport and Respect

The home visit provides an opportunity to develop rapport with the client and her/his family and convey your respect for them. (See page 9 of Unit 1 for further discussion of building rapport with clients.) Clients and their families may not know why you are in their home and may feel uncomfortable. They may fear judgment or an invasion of privacy. Here are some suggestions for putting them at ease:

- Begin the visit by thanking the client and her/his family for receiving you in their home. If it seems appropriate, make positive comments about the home's appearance.
- Introduce yourself and explain your purpose and role.
- Ask questions like "May I sit down?" or "Where would you like us to talk?" to indicate that you know you're a guest in their home.
- Try to be calm, confident, relaxed, and respectful. This will help the client and family begin to trust you.
- Acknowledge possible feelings of judgment or invasion by saying, "Some family members find it strange that I want to come to the home. But I have found it's easier for my clients this way, and it allows me to help them better and more quickly. I hope I won't be in your way and that you'll let me know if there's a problem."
- Explain that you're there to support rather than judge them.
- Accept offers graciously. It sometimes feels uncomfortable to accept an offer of food and drink, but on the first visit especially, it is helpful to do so. Let them know that you don't expect such royal treatment each time you visit.
- Explain the benefits of participation in the program.
- Explain what is going to happen during the visit and how long it will last. The client may be nervous and will appreciate your cues about what to expect.
- Use supportive language such as:
 - "I want to make our meetings convenient for you."
 - "I want to work with you as a team to help you meet your goals."
 - "I will help answer any questions you have about your baby and help you be the kind of parent you want to be."

For some clients, their relationship with you may be one of the only reliable and trustworthy relationships in their lives. You can show that you are reliable by:

1. Keeping appointments as scheduled
2. Scheduling visits to include the family when appropriate
3. Calling to confirm appointments
4. Preparing all materials in advance
5. Being flexible with the agenda

ACTIVITY: Explaining Your Purpose and Role to the Client's Parents

INSTRUCTIONS: Finish the sentences below.

1. "Thanks for having me in your lovely home. I am really looking forward to getting to know Ramona better. In our program, case managers help clients with

_____."

2. "Ramona has told me a little bit about herself, and we will be working together to help her meet her goals. Usually it's helpful for parents to know that

_____."

Explaining Confidentiality to the Family

It is important to explain your obligation to maintain client confidentiality to both the client and her/his family. (See Chapter 4 of Unit 1 for a detailed discussion of confidentiality.) Give clear examples to make your point. For example, you might say, "I want you to know that I can't share anything that Ramona tells me with anyone else, including family members. I hope you understand that confidentiality between Ramona and me is crucial to our being able to work together as a team. So if you were to ask me about her boyfriend or what she says about her feelings, I won't be able to tell you."

The teen will be watching carefully to see how you interact and communicate with the family. Emphasize to family members that the primary relationship is between you and the client. This will reassure the teen that you will keep your promises and not betray her/his trust. Prior to your conversation with the family, it can be helpful to ask your client what information s/he wants to keep confidential.

ACTIVITY: Explaining Confidentiality to the Parents

INSTRUCTIONS: Finish the sentences below.

1. “Although I am very interested in your support of Ramona, I want you to know that I won’t be able to tell you much about our work. The reason for this is

_____.”

2. “If you want to know more about Ramona’s feelings, I would suggest that

_____.”

D. Challenging Family Situations

Families may have a wide range of reactions to you. Some may be welcoming, others hostile, and others may ignore you. Knowing your role, setting appropriate expectations, and understanding the client’s goals will help you know how to respond in each of these situations. Some typical scenarios are outlined below, with guidelines for responding.

Families Looking for a “Quick Fix”

Some families see the case manager as an “expert” who can “fix” their child’s problems. These families want advice and your support in getting the teen to follow that advice. Rather than dissuading them, give them some concrete suggestions, and then let them learn from the experience of working with you that you work in partnership with the teen to help her/him make independent decisions. Most families and clients have longstanding and complicated problems to which there are no easy solutions. You cannot “fix” these problems, but you can help them move toward their own solutions.

Conflicts with Parents about Parenting Approach

One issue that comes up often when working with parenting teens is conflict between the teen and her/his parents about how the teen's child should be cared for. Rather than feeling supported by her/his parents and appreciating their concern for their grandchild, the teen parent may feel criticized and intruded upon. The situation becomes even more difficult when the case manager provides information that conflicts with the grandparents' beliefs, and the teen feels caught in the middle.⁸

The case manager's goal is to help the teen parent find her/his own voice, while also acknowledging the grandparents' contributions. Avoid "taking sides," as this may intensify the conflict. Affirm that the teen is the parent of the child, but reframe the grandparents' involvement as love and support.⁹

Sometimes the conflict isn't about parenting the teen's child but about parenting the teen. The teen is still a minor, whose parents or guardian are responsible for her/him. However, because the teen is now a parent or "adult,"¹⁰ s/he may resent being parented by her/his own parents. The case manager can help families in this situation by validating that it is a normal and natural conflict for teenagers and parents, but one that is made more complicated by the birth of the teen's child. The case manager cannot solve the conflict but can maintain a neutral, empathic stance by highlighting family members' feelings and encouraging them to work toward compromise.

Homes Not Conducive to Work

Some families create obstacles for teens, whether intentionally or not. For example, if you continually walk into a client's home and smell marijuana or see family members drinking, it is best to find another confidential setting in which to meet with the client where s/he won't be distracted by these circumstances. Explain to the client that it is hard to meet in the home because of the noise, people, interruptions, or whatever the challenge may be. You might use this discussion as an opportunity to praise the client for her/his resiliency and ability to have achieved so much despite these obstacles.

Parents Who Are Critical or Impulsive

Sometimes families rush in to give their perspective, to complain about the teen, or to tell you what to do with the client, since they have the inside scoop. They may even call you to report on the teen's behavior or activities. Although there are times when it is important to know what the teen is doing immediately (as in the case of self-destructive behaviors), it is usually more appropriate to learn any information directly from the teen. Listen respectfully to the client's parents while conveying that it is the client who will make decisions about her/himself and that you are there to help the client set goals and locate resources. Make sure the client understands that you can listen to her/his parents without taking their side.

ACTIVITY: Challenging Family Members

INSTRUCTIONS: Read the following vignettes and answer the questions below them.

Vignette 1: Rosario is a 15-year-old who comes from an immigrant family. At your first visit with her, you meet her mother, grandmother, and cousins and learn that they all had children during their teen years. The mother and grandmother are very opposed to your visit but don't say anything. You think that their opposition is due to the fact that they have so much experience, they feel that Rosario does not need services.

a. How would you address the mother and grandmother? _____

b. What messages would you convey? _____

c. How much will you involve Rosario's family in her care? _____

Vignette 2: LaKesha is a 17-year-old mother of a two-year old. At your first meeting, you see that she is living with her mother, who helps take care of the toddler, Darren. Throughout your conversation, when LaKesha talks about Darren, her mother chimes in with conflicting information. You observe that they have a lot of conflict about how LaKesha is raising Darren, although he seems normal and healthy.

a. How would you approach LaKesha's mother? _____

b. Would you involve her in your case management, and if so, how? _____

c. What messages would you convey? _____

E. Strengthening the Relationship Between Client and Child

Home visits provide a valuable opportunity to work with teen parents on strengthening their parenting skills. Use your time together to enhance your clients' understanding of their children and normal child development. You can teach and model parenting skills such as limit-setting, decision-making, and teaching. Explore parenting options with your clients, and help them see that they have the ultimate influence over their children.

Helping your clients understand the importance of playing with their children is another part of home visiting. Take some time to watch how your clients interact with their children, and get to know each child's personality. Use observation to support positive parenting behaviors. You might say, "I like the way you are telling her 'no' so gently, but still firmly." Or, "I like the way you are talking to Kimi about what you're doing. That really helps develop her language skills." Playing with your clients and their children gives you shared experiences and something to reflect upon together.

Sometimes clients' families may think you are "just playing." Explain that playing with the parent and her/his child is one way you get to know them and provides a chance to demonstrate parenting skills to the teen.

Under-Involved Parenting Teens

Developing rapport with a teen parent who is under-involved in her/his child's care can be challenging. Begin by focusing on the teen's interests and her/his life outside of being a parent. Use home visits whenever possible to strengthen the parent/child bond by positively interpreting the child's behavior. For example, when the child looks at the parent, you might observe that the child wants to play or really cares what the parent thinks. Model developmentally appropriate play to help the parent develop age-appropriate expectations of the child. Remember that all parents have strengths, and praising these parents whenever possible is especially important.

ACTIVITY: Strengthening the Relationship between Client and Child

INSTRUCTIONS: Think of a client with whom you discuss parenting. Pick one parenting behavior that you want to reinforce. Write a sentence giving your client specific praise about this behavior.

Behavior: _____

Praise: _____

F. Ending the Visit

Ideally, a visit should end when its goals have been met. If you tend to spend too much time with certain clients, agree ahead of time how long you will meet, and then stick with that agreement.

End the visit by summarizing what the client has accomplished during the session, reviewing what you have both agreed to do before the next visit, and making a tentative plan for the next visit. Before you leave, find something positive to highlight about the process and outcome of the current visit whenever possible. For example, if you had a difficult discussion with the client about her goals for her work with you, you might mention that she was able to hang in there and that you admire that. Comment that her persistence paid off and that she now has a beginning plan. It's important to conclude by validating the client's experience and the work you did together.

G. Keeping Yourself Safe

Many home visits go smoothly, with no threat of danger. Unfortunately, because of volatile family dynamics or crime in certain neighborhoods, visits to some homes may present risks. You can minimize potential danger by planning ahead, thinking about your personal safety, and discussing any concerns with your supervisor. You are not expected to place yourself at risk in order to conduct home visits. Teamwork and good communication are also essential to keeping you safe.

The safety guidelines below are followed some questions to help you implement them in your own work settings.

Safety Guidelines for Home Visits

A. Before You Leave the Office

1. Make sure someone in your office knows where you will be and when you will return. Plan what your colleagues will do if you do not return as planned.
2. Learn as much as possible about your client's home situation and neighborhood before setting out.
3. Do not plan outreach in areas that you have good reason to believe are unavoidably dangerous.
4. Be aware of gang areas and gang colors. Avoid wearing those colors.
5. Always carry business cards and identification with you.
6. Inform collaborating agencies of your presence in your client's neighborhood.
7. Wear comfortable clothes and shoes. Do not overdress or wear suggestive clothing.
8. Do not carry valuables or other personal possessions such as jewelry, large amounts of money, radios, or laptops. If carrying incentives, make arrangements to hold these in a secure place.
9. Know where the nearest police station, fire department, hospitals, and libraries are.
10. Ask clients if their dogs are wary of strangers and how to handle the dogs safely.

B. Getting To and From the Home

1. If you feel threatened, go with a coworker.
2. Call clients in advance, and alert them to the approximate time of the home visit. Confirm directions to the home.
3. Pay attention to any alarm signals that go off in you — trust your instincts.
4. Park in a well-lighted area in full view of the client's residence. Avoid parking in alleys or deserted side streets.
5. Keep change for telephone calls immediately available, and carry a cell phone whenever possible.
6. Observe the neighborhood and environment while approaching the client's house. If groups of people are loitering nearby or other conditions appear unusual, reevaluate your plan.
7. Use common walkways in buildings, and avoid isolated stairs.
8. Always knock on a client's door before entering.
9. Visit neighborhoods of questionable safety or with gang- or drug-related activity in the morning.
10. Walk confidently and purposefully, even if you are lost or feel unsafe.
11. When leaving the client's home, carry car keys in your hand.

C. At the Home

1. Introduce yourself, and inform people of what you are doing and why.
2. Avoid arguments or confrontations with someone who does not agree with what you are doing.
3. Do not approach those who are giving “signs” that they do not want to be bothered.
4. Ensure that your client is in the home before you enter.
5. Be aware of where the exits are, and maintain access to them at all times. Don’t meet in the client’s bedroom down the hall when people who are dangerous are between your whereabouts and the exits.
6. Have an escape route for emergencies.
7. Call 911 if the situation is dangerous and you can’t leave.

Home Visit Protocols

Protocols are policies that tell employees and employers how to handle specific situations. They are designed to ensure that these situations are dealt with thoughtfully, not on the spot. Protocols for safety in the field and during home visits are essential, because ensuring safety is a complex task that involves many people. Ask your supervisor to show you your agency’s protocols.

ACTIVITY: Taking Precautions

INSTRUCTIONS: Answer the following questions.

1. How do you keep yourself safe? _____

2. Which of the policies listed above are practiced at your agency? (Indicate by letter and number.)

3. Does your agency have safety protocols in place? _____

4. Who at your workplace knows your whereabouts when you're out and is in charge of checking to see that you come back as planned?

Home Visiting

Things to Think About

- How do you prepare for a home visit?
- What precautions do you take when going on a home visit?
- How do you interact with the client's family?
- How can you clarify boundaries with the client and the family?
- How can you provide positive feedback and praise about the teen's parenting?
- Does your workplace need to create or revise protocols to better ensure your safety?

Guidelines for Practice

- ★ Prepare well for each home visit.
- ★ Keep in mind that you are a guest in the client's home.
- ★ Explain your purpose, role, and confidentiality policy to the client and family.
- ★ Clarify your goals for each visit with the client.
- ★ Make sure you have a confidential place to talk or work.
- ★ Find or create an opportunity to strengthen the relationship between the teen parent and child.
- ★ Interact with the child.
- ★ Praise the client in some way before you leave, and thank her/him for hosting you.
- ★ Listen to your instincts and leave the home if you feel you are not safe or cannot get any work done.
- ★ Follow the "Safety Guidelines for Home Visits."

4. Crisis Intervention

Learning Objectives:

After completing this chapter, you will be able to:

1. Identify the six steps of crisis intervention
2. Describe how to apply crisis intervention techniques to support clients in crisis
3. State the importance of agency protocols
4. Identify when to refer to mental health professionals
5. Explain the concept of containment

A. Defining Crisis

During the course of our lives, we all go through crises, or periods of upheaval when something happens that suddenly interrupts our normal routine and cause us to lose our sense of ourselves. A threatened or real loss that comes from outside can result in a change in our normal lives. A crisis is a crucial situation when we feel overwhelmed and unable to cope.

Crises can be brought on by death, illness, divorce, removal of children from parental custody, homelessness, violence, unwanted pregnancy, substance abuse, fire, theft, or any other external event over which we do not have control. It is not the event itself that constitutes a crisis, however, but rather our perception of it.

When a client experiences a crisis that results in a loss of normal coping mechanisms, crisis intervention is necessary. Because clients may be vulnerable during crisis and unsure of how to handle the situation, they are often more open to accepting outside help than when they are not in crisis. Crisis intervention is a quick response that helps the client return to her/his normal emotional state and ways of coping. The case manager “identifies, assesses, and intervenes with the individual in crisis so as to restore balance and reduce the effects of the crisis in his/her life,”¹¹ according to Brenda Stevens and Lynette Ellerbrock. Although long-lasting behavior change may occur as a result of crisis intervention, the main goal is to help the client cope and get through a difficult time.

B. Steps of Crisis Intervention

1. Identify the nature and cause of the crisis
2. Evaluate client functioning
3. Put the problem into a broader context
4. Problem-solve with the client
5. Choose action strategies
6. Evaluate and follow up

1. Identify the Nature and Cause of the Crisis

Purpose: To gain an understanding of how the crisis began and how the client perceives it; to give the client a safe way to talk about it.

To Do This: Ask simple open-ended questions, listen, let the client talk, and help her/him elaborate. Find out what was going on before the crisis occurred so you can understand the context. Explore and validate the client's feelings.

Example: "Can you tell me what happened? How did that happen? How are you feeling about that? What are your concerns now?"

2. Evaluate Client Functioning

Purpose: To determine the severity of the crisis's impact on your client and how to help her/him deal with it effectively.

To Do This: Ask questions about your client's sleep, eating, and other everyday routines. Is the client engaging in any risky behaviors? Experiencing suicidal or homicidal thoughts? How is the client caring for her/his child?

Example: "Please tell me about how you've been doing since this happened. How are you sleeping? How are you eating? Have you thought about hurting yourself? Who has been helping you or knows about this? Who is watching little Tina during all this?"

3. Put the Problem into a Broader Context

Purpose: To help the client figure out how to deal with the situation and develop an understanding of the event's meaning.

To Do This: State what you would expect the client's reaction to be, and share some generalizations that help her/him see how other people might respond. If the situation has a developmental component, help the client understand it.

Example: "Sometimes when a loved one dies, it takes a while to figure out how to go on without them. This is a normal reaction. Things are completely different now without your dad, and all of the pieces of your life have to be rearranged."

4. Problem-Solve with the Client

Purpose: To help the client develop coping strategies. This helps the client feel better as s/he realizes s/he can take action and exert some control over the situation.

To Do This: Think about how the client has been affected by the crisis and what needs s/he has that need to be attended to. Take these needs on one at a time, and generate possible strategies for addressing them.

Example: “Let’s see what we can do together that will help you be able to finish the quarter in school. I know one of the issues is that you will miss a lot of work, and I know another issue is that you need more childcare. Let’s take each issue on one at a time. Have you spoken with your teacher yet? How many assignments do you have? How long does it take to do each assignment?”

5. Choose Action Strategies

Purpose: To help the client choose strategies that will minimize her/his suffering and help resolve the crisis or its effects as soon as possible.

To Do This: Review the strategies you came up with together in the previous stage. Talk about how each would work, what its advantages and disadvantages are, and what feels best to the client. Give feedback and be directive when necessary to help her/him choose a strategy.

Example: “Let’s see what you’ve come up with so far. These are the possibilities that we’ve talked about: taking a break from school, taking an incomplete in school, getting more childcare to finish school, or doing it all right now but getting lower grades. You’ve talked about how the baby could stay with your sister, so that’s a strong possibility.”

6. Evaluate and Follow Up

Purpose: To make sure that the plan you’ve developed is working for the client.

To Do This: Review what was decided and what action has been taken. Ask if the plan still feels right and what the obstacles have been. Ask how the client is feeling and whether the plan is improving her/his mood and functioning. Check to see whether new needs have arisen.

Example: “Can you catch me up on what has happened since I last saw you? How has it been going since you started leaving the baby with your sister? Is that plan working for you? Sometimes small changes in the plan need to be made. Let’s talk about how to keep this going, since you’re feeling better.”

While these steps are meant to offer guidance, keep in mind that crisis intervention doesn't always follow these steps precisely. Sometimes you are pulled into the crisis at an acute stage when the client only wants to focus on the first one or two steps. Sometimes, the crisis is less acute, and you can spend more time problem-solving with your client.

C. Issues That Can Cause Crisis

Sexual Assault

Sexual assault is any sexual activity committed by force or against the will of another person. A client does not need to physically resist in order for it to be considered an assault. When you learn that a sexual assault or rape has taken place, the most important thing to do is to reassure the victim that s/he is not alone and doesn't bear any responsibility for the assault. Give the client choice and control over what happens next. Some decisions will need to be made quickly: Does the client want to have a medical exam? (This is important both for the well-being of the victim and to obtain a semen sample in case the client wants to press charges.) If so, tell the victim not to bathe or change clothes. This is often difficult, as people often feel a need to clean themselves after sexual assault. Does the client want to report the assault to the police? Determining whether the client can go home safely is also critical. If your agency does not already have a protocol in place for dealing with sexual assault, it will be important to develop one.

Grief

Some situations that can cause grief include the loss of a loved one, a serious health concern, miscarriage, or divorce. Grief usually brings up anger and sadness, and these emotions tend to come in waves. Case managers can help clients deal with grief by letting them express their sorrow, helping them verbalize any feelings of guilt, and working with them to accept the pain of the loss.¹² In the case of a death, grief typically lasts six months to a year, although many people need a full calendar year to resolve their feelings, as they experience special events such as anniversaries or the deceased person's birthday for the first time without them. Some clients have many losses to grieve, and their grief may take a chronic rather than acute form. If a client has continued trouble sleeping, changes in appetite, feels numb or depressed, or is overly anxious, s/he may need to be referred for psychological support.

Suicidal and Homicidal Clients

Because many clients will experience anger and depression at some point in your work with them, knowing how to assess for suicide and homicide is essential. Although such issues should be handled by a trained mental health professional, you must be prepared to respond until a connection with the mental health professional is made. Notify your supervisor immediately if you suspect a client is considering suicide or homicide. If the client has a plan to carry out either of these actions, do not leave the client alone and call for assistance immediately. Your job is to keep your client safe while you await support. You can provide an “emotional lifeline” during this time by expressing all of the reasons you care about the client and reminding the client of others who care about and need her/him. Reassure the client that things will get better over time. If at any time during this process you feel that your own safety is threatened, call 911 right away.

ACTIVITY: Crisis Intervention

INSTRUCTIONS: Read the following vignette and then provide examples of how you would approach the client at each step of crisis intervention.

Vignette: Carla is 17 and has a 2-year-old. She was recently assaulted by her boyfriend's friend when he was drunk. Her boyfriend, the father of the baby (FOB), is furious and blames her for the assault. She hasn't told her mother because her mother is already opposed to the relationship with her boyfriend. Her boyfriend has threatened to stop visiting their daughter.

1. Identify the cause of the crisis _____

2. Evaluate client functioning _____

3. Put problem into a broader context _____

4. Problem-solve with the client _____

5. Choose action strategies _____

6. Evaluate and follow up _____

D. Containment

Containment means helping clients restore some control after they have expressed intense emotions of pain, sadness, or anger. Sometimes clients become overwrought as they talk about their problems, and expressing their feelings makes them feel worse rather than better. Or, as the end of a session draws near, their emotions may seem extreme and out of control. In cases like these, containment can prevent clients from being overwhelmed by their feelings. It can also be used to help clients transition from a session with you back to normal life. When you sense that a client will not be in control when your visit is over, or the current discussion is increasing their pain, then containment is necessary.

One way to think about containment is to visualize putting a box full of painful photographs and souvenirs away on a shelf. You still have the contents of the box, but you don't need to look at them right now.

You can help clients contain their emotions by using the following techniques:

1. Empathy
2. Validation
3. Limit-Setting
4. Redirection
5. Planning

1. Empathy

Purpose: To show you understand the client and to reduce her/his isolation.

To Do This: Indicate that you've heard the client and understand her/his pain.

Example: "I know that your break-up makes you wonder if you'll be with someone again, and I know how much you really loved him."

2. Validation

Purpose: To help the client acknowledge and accept their own feelings.

To Do This: Agree that these issues need attention.

Example: "I can see how it's very important to talk some more about Carlo and your feelings for him."

3. Limit-Setting

Purpose: To help the client stop feeling so overwhelmed

To Do This: State that this is not the best time to continue talking about these issues, but that you can come back to them.

Example: “We will talk more about your feelings, but right now it is best to focus on what will help you feel better.”

4. Redirection

Purpose: To help the client stop becoming overwhelmed.

To Do This: Describe specific tasks and activities to focus on.

Example: “I want to talk to you now about what you’re going to do after our visit today and how to return to the things that make you feel better.”

5. Planning

Purpose: To help the client think more clearly about the present and the immediate future.

To Do This: Plan what the client will do immediately following your visit, and help them structure their time with positive, engaging tasks and activities. Be concrete and specific.

Example: “What will you do today right after our visit? What will you do this evening at 7 pm? Can you go for a walk? Can you call your sister? What will you do tomorrow when you wake up?”

Sometimes during the course of your discussion, the client will be reminded of something that triggers an intense emotional reaction. Gently state that you will return to that topic, but that right now it is more helpful to focus on what s/he is going to do today and in the next few days. Do not be afraid to be directive if you think the client is too vulnerable to talk about painful subjects.

ACTIVITY: Containment

INSTRUCTIONS: Read the following vignette and write down how you would use different containment techniques to help the client.

Vignette: Marisa is a 17-year-old who is very smart and very emotional. She has just found out that her boyfriend is going to jail and that her best friend was involved with him. She was doing well prior to this news and was going to register for community college. Now she is crying and bringing up all the painful things that have happened to her in the past few years. You have already spent two hours with her and you think she is feeling worse rather than better. You decide to shift the focus and help her put herself together.

Empathy: _____

Validation: _____

Limit-setting: _____

Redirection: _____

Planning: _____

E. Referrals to Mental Health Professionals

At some point in your work with them, most clients will need referrals to an agency, school, organization, clinic, or professional to help them meet their goals. This section addresses referrals to therapists or mental health staff. (See “Unit 4: Assessments and Individual Service Plans (ISPs),” for further discussion of making referrals.) Referrals to mental health professionals are necessary in two situations:

- When there is a crisis, and the client’s safety or someone else’s safety is jeopardized
- When a client has ongoing problems that are psychological in nature; those problems are preventing the client from meeting goals; or you think the client is in need of mental health services to treat depression, anxiety, anger, psychosis, or the effects of trauma

Note: Case managers should be prepared for psychiatric emergencies, such as a suicidal client, and know what referrals are possible. Ask your supervisor about agency protocols on who to call and what to do in the event of such an emergency.

Making effective referrals for psychotherapy or counseling for teens is difficult. Many teens find it difficult to talk to strangers about sensitive issues. They may also have absorbed negative images of psychotherapy from television and movies, where therapists are often portrayed as aloof at best and sarcastic and hurtful at worst. In reality, a psychotherapeutic relationship can be a private, supportive connection with a compassionate listener, where the client sets the agenda and discusses whatever s/he wants. If you paint a positive image of therapy and reassure your clients that they will not be judged or told what to do, they will be more likely to follow through on referrals.

Case managers sometimes view making client referrals to therapy as a way to make their jobs easier. This is rarely the case. A trusting relationship between therapist and client takes time to build, and behavioral changes on the client’s part take even longer. Referrals to therapy are most successful when you make them with the best interest of your clients in mind and not because you feel overwhelmed.

Finding therapists who are affordable, accessible, and knowledgeable about your client population is challenging. Therapists should be recruited by agency staff on an ongoing basis. Some programs have been successful in hiring their own part-time therapists, who become part of the team, consult on cases, and conduct therapy for clients and their families.

Activity: Views of Therapy

INSTRUCTIONS: Write your answers to the following questions.

1. What values or opinions do you have about therapists and people who go to therapy?

2. What messages do you think your clients have absorbed about going to therapy or counseling? What message do you want to give clients about seeing therapists or professional counselors?

Crisis Intervention

Things to Think About

- How was crisis handled in your family when you were growing up?
- How do you respond to crisis now? Do you get calm, nervous, focused, or go into denial?
- What kind of feelings do you have about clients who experience many crises?
- Do you feel comfortable dealing with your clients' grief?
- How do you make referrals? Are they successful?
- How do you involve clients in the referral process?
- How do you introduce the topic of counseling or psychotherapy?

Guidelines for Practice

- ★ Respond to signs of a crisis immediately.
- ★ Provide emotional support and space for clients to vent.
- ★ Assess your clients' level of functioning in response to crises.
- ★ Strategize with your clients about how to relieve the pain and pressure related to a crisis.
- ★ When dealing with crisis, be more direct than usual.
- ★ Provide immediate and frequent follow-up if possible.
- ★ When working with sexual assault victims, give them as much control as possible about their next steps.
- ★ Provide support and education about the healing process to survivors of assault.
- ★ Help grieving clients normalize their feelings, and give them opportunities to talk about their loss.
- ★ Provide structure and direction for clients who are overwhelmed by their feelings.
- ★ Ask about suicidal and homicidal ideation.
- ★ Review agency protocols for crisis management.
- ★ Involve your clients when making referrals.
- ★ Introduce psychotherapy by talking about the benefits of a private, supportive relationship where clients are safe to talk about themselves.

5. Teamwork

Learning Objectives:

After completing this chapter, you will be able to:

1. Work with your team members to help each other recover after a crisis
2. Describe how to effectively use case conferences
3. Identify ways to take care of yourself, prevent burnout, and manage stress

A. Working With Your Team After a Crisis

After dealing with a crisis such as a suicide attempt, an incidence of child abuse, or a client's death, case managers can often benefit from talking with each other about what happened. You and your colleagues may be experiencing feelings of guilt, fear, anger, or inadequacy after a frightening or dangerous event takes place. Or, you may be finding it more difficult than usual to separate your work lives from your personal lives. Peer support can help you deal with the stress of a crisis.

Case managers who have support at work and who can talk about difficult events in a nonjudgmental and supportive atmosphere are more effective in their jobs, have lower rates of burnout, and are more likely to maintain healthy and happy lives outside of work. Sharing information can also help your team identify structural changes that may be needed to prevent similar events from occurring. At other times, it's just comforting to know that you did all that was possible.

Debriefing

Sometimes an event has such a significant impact on the well-being of the staff as a whole that a debriefing session is necessary. In this process, coworkers get together to discuss what happened and how they feel after a traumatic event related to work. The goal is to help participants talk about their experiences and feelings so that they can recover more quickly and transition back to work and their normal lives more easily. Debriefing should only happen if there is no longer any danger. It is important that all participants be included and that the session be private and free of interruptions. If case managers have had varying levels of exposure to the trauma, they should be divided into groups accordingly.

There are six phases of debriefing¹³:

1. Introduction Phase

The leader describes the debriefing process, emphasizing the confidentiality of the session. S/he stresses that people should speak only for themselves, that everyone is of equal importance, and that everyone has the right to pass.

2. Fact Phase

Participants review what happened during the incident — what each person saw, heard, thought, and did.

3. Feeling Phase

Participants review their feelings during and since the incident.

4. Symptom Phase

Participants discuss the physical and psychological after-effects they have experienced since the incident, such as stomach upset and fear.

5. Teaching Phase

Leader reminds everyone that their reactions are normal.

6. Re-Entry

Participants wrap up the discussion and make a plan for action, if necessary.

Although going through all of the steps is recommended, if you do not have the time, or if the trauma doesn't seem significant enough to warrant a full staff debriefing, it is still important to discuss what happened. Look for the facts, feelings, and symptoms and make sure to give people space to talk about how they are doing. Whether done formally or informally, debriefing helps case managers resolve workplace trauma and minimize its effects.

B. Ongoing Support

Case management is fast-paced, demanding, and emotionally draining work. Your colleagues provide essential support in this environment. Working together as a team is useful not only in crisis but also on a day-to-day basis as you strive to develop your strengths, increase your tools, and to add to your “bag of tricks.”

Case Conferencing

Case conferencing provides an opportunity to step back from your work with clients, reflect on your relationships with your clients, and get feedback from your

colleagues about your strategies, successes, and setbacks. Before starting a case conferencing program, your team should hold an initial meeting to discuss the ground rules the case managers would like to establish, such as confidentiality, respect, or nonjudgmental responses. Case conferencing is most effective when case managers discuss real cases and ask their colleagues to answer questions and address concerns they have about the client or their relationship with that client.

A useful structure for case conferences is:

1. Case Presentation
2. Clarifying questions
3. Identifying strengths
4. Case manager's questions and support
5. Action steps and summary

1. Case Presentation

The case manager presents the client, including her/his history, how long they've been working together, the client's primary problems, work done to date, and other significant facts. The group should pay particular attention to the client's issues and behaviors, as well as the quality of the relationship between the client and the case manager.

2. Clarifying Questions

Everyone has an opportunity to ask clarifying questions. For example: "How is your client doing in school?", "What is your client good at?", "How is your client handling the baby?"

3. Identifying Strengths

The presenting case manager and the team generate a list of the client's strengths.

4. Case Manager's Questions and Support

The case manager asks questions of the group. For example: "Do you know of any resources for this problem?", "Do you think I should confront her about this behavior?" The case manager may share any feelings that need venting, such as anger or frustration.

5. Action Steps and Summary

The case manager and the team summarize together what they've learned and discussed, and what action steps will be taken as follow-up.

In addition to individual case review, some agencies case conference by theme. Case managers are asked to come to the meeting prepared to discuss all clients who share

a common issue, circumstance, or goal. For example, these themes could include: clients who are not enrolled in school, clients with two children under the age of 2, clients who are experiencing violence, or clients who suffer from depression. Team members discuss these clients to observe patterns and review what interventions have been helpful. In some agencies, case conferences rotate by case manager, so that all are assured of a time to present their cases.

C. Taking Care of Ourselves

Taking care of yourself is one of the hardest parts of being a case manager. Having to deal with pain and suffering frequently while remaining hopeful and optimistic for your clients is truly a challenge! You may feel that your clients' needs are so vast that there is no way you can meet them all. Case managers who keep up this type of work and remain effective are those who know how to set reasonable goals and expectations for themselves and who acknowledge the small steps their clients take. They know their own limitations and don't expect impossible things of themselves. They also recognize that a large portion of their success with clients is intangible.

If you can give yourself credit for being a supportive advocate and facilitator for your clients, you're well on your way to taking good care of yourself. Remember that it is a great achievement to help your client move from one of the stages of change towards the next. Recognize what you can do and what is outside of your control. While you don't have control over your clients' behaviors, you do have control over your reactions to your clients.

Stress Management

Because of the overwhelming demands of case management and the difficult emotional issues your clients face, it is very easy to feel stressed. Although a small amount of stress is necessary to motivate people, too much stress is harmful. It impairs our work and causes problems such as high blood pressure, heart disease, arthritis, and musculoskeletal strain. Emotional problems such as anxiety, panic disorders, and depression are also worsened by stress, as are substance abuse and unhealthy eating and sleeping patterns.

Managing Stress

Even if your job is extremely demanding, you don't have to be overly stressed. An effective stress-management strategy has four parts:

1. Minimizing stressors
2. Maintaining a positive mental framework
3. Managing your time
4. Developing the habit of relaxation and renewal

1. Minimizing Stressors

In order to decrease your stress, you must first determine what your stressors are. Make a written list of the things that make you stressed, and divide them into external stressors (those that come from the outside) and internal stressors (those you place on yourself). Of those that are external, figure out which you can eliminate or lessen. Then make a plan for doing so.

2. Maintaining a Positive Mental Framework

Internal stressors are often the hardest to eliminate. Is your mindset critical and demanding? Do you set unrealistically high expectations for yourself? If so, try to develop more realistic standards. Since external stressors are often out of our control, changing your internal mindset is one of the best ways to reduce stress.

3. Managing Your Time

Not having enough time to do what you want or need to do causes additional stress in a demanding job. To manage your time effectively, you must make a plan for what you want to accomplish during your work hours. The beginning or the end of the day is often the best time to plan. Prioritize what is important and what is not, and eliminate tasks that aren't essential. Develop a routine, including time for planning, that allows you to implement your plan. Here are some other tips for effective planning:

- Divide the day between key tasks and appointments, allotting generous amounts of time for each.
- Schedule two-hour blocks of time to focus on particular tasks (this is a good length of time for maintaining attention and energy).
- Make sure there is enough time in between these blocks of time to take a break and transition to the next task.
- Start each day with a key task or appointment so that you feel like you have accomplished something. Avoid over scheduling.
- End each day by selecting and scheduling a block of time for getting ready for tomorrow's key tasks (getting charts ready, reviewing notes).
- Allot time for things that come up routinely.
- Take and make phone calls in one period of time.
- Plan time to think, plan, travel, return phone calls, write chart notes, complete required documentation, and consult with peers.
- Identify time wasters and look for ways to eliminate them. For example: taking too long to make a decision, not having enough information, being unprepared and needing to do something again, procrastination, unnecessary and ineffective meetings, visitors.
- Do one thing at a time.
- At the end of the day, plan for the next day; at the end of the week, plan for the next week, and so on.

Remember, if you don't take control of your time, someone else is likely to do it for you.

Organizing your materials effectively is another way to save time and reduce stress. Some case managers divide the work on their desks into categories, such as “do now,” “do soon,” or “read.” Get in the habit of handling paper you come across only once – take care of it and be done. When in doubt, throw it out. Think about which materials you use most, and store them nearby. One case manager put in her client's folder all the handouts on child development she would need over time, so she would never have to look for handouts for that client again. She wrote the dates that the client's child would reach each developmental stage on the outside of the folder, so that she always knew what developmental stages were appropriate to address.¹⁴ If there are any repetitive tasks you do for each client, try to do them all at once on a regular basis.

ACTIVITY: Organizing Key Tasks

INSTRUCTIONS: List all the repetitive tasks that you do that could be done in blocks of time. For example: phone calls about referrals, Lodestar, filing.

Tasks

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

4. Develop the Habit of Relaxation and Renewal

Exercise regularly, drink plenty of water, and eat healthy food. Some health professionals have found yoga and meditation effective in easing stress and renewing themselves. And remember, humor is the best antidote to stress and anxiety. Create opportunities for lightheartedness, humor, and fun in your work, both with your clients and with your colleagues. Whatever your method of fun and relaxation, make it a priority.

Preventing Burnout

When working with clients who have multiple and severe needs, case managers face a danger of experiencing burnout. Burnout can be described as a state of low energy and little or no job satisfaction. The case manager may have a cynical or negative attitude, which contributes to the low morale of others. Burnout is a contributing factor to high turnover rates among case managers, which are detrimental to clients, colleagues, and the case managers themselves. When case managers change jobs frequently, they deprive themselves of the opportunity to see the fruits of their labor and to improve and grow in their work.

To avoid burnout, strive to reduce the pressure points at work — the times when stress and pressure mount up and start to affect you negatively. Often clients “push buttons,” triggering feelings of which you are normally unaware. These feelings may relate to issues you haven’t resolved in your personal life. Although you may not be able to figure out the “what” or “why” of them, it is essential to take the time to recognize and deal with the feelings as they arise. Seek out people who are caring, supportive, and appreciative of you. Assert your needs, and say “no” when you want to. Speaking up for yourself reduces resentment and allows time for you to meet your own emotional needs. Protect the time you save for yourself and your goals, as well as your time for relaxation and self-nurturing. Just like your clients, you deserve loving and supportive relationships, so set your standards high.

ACTIVITY: Managing Stress and Preventing Burnout

INSTRUCTIONS: Review the following list of activities that help reduce stress and burnout. Check how often you do them.

ACTIVITY	HOW OFTEN					
	Every day	A few times a week	Once a week	Less than once a week	Less than once a month	Never
Getting exercise						
Getting enough sleep						
Talking with friends						
Meditating						
Taking a break						
Setting priorities						
Saying “no” when you don’t want to do something						
Making time for a meal break						
Keeping your blood sugar up by eating snacks						
Doing something that’s fun						
Spending time alone						
Spending time with loved ones						
Asking for help when you need it						
Talking about your feelings when they come up						
Keeping a journal						
Working on a project or goal						
Other self-care activities that work for you:						

Teamwork

Things to Think About

- How do you work with your colleagues and supervisor to improve your work?
- How do you support your colleagues?
- How do you and your colleagues work together to recover from the effects of crises?
- Which type of clients do you do your best work with?
- Which type of clients are the most difficult for you to work with?
- Are you at risk of burnout?
- How do you manage stress?
- Do you feel in control of your time?

Guidelines for Practice

- ★ Use your colleagues as sounding boards for talking about successes and challenges with clients and traumatic events that occur.
- ★ Ask your colleagues what they do and say in specific situations.
- ★ When you have common concerns, discuss them at a case conference.
- ★ Share your opinions in a constructive and respectful manner.
- ★ Plan your time and have realistic expectations for a day's work.
- ★ Leave time for phone calls, paperwork, and things that routinely arise.
- ★ Organize your materials effectively.
- ★ Work to maintain a positive attitude.
- ★ Develop and maintain habits that are relaxing and renewing.
- ★ Make sure that you engage in activities outside of work that are fun and relaxing.
- ★ Don't hang on to issues that are outside of your control.
- ★ Develop supportive relationships with people who value and support you.

6. Putting It All Together

In this last activity of Unit 2, you have the opportunity to take what you have learned from each chapter and apply it to a role-play or real-life client contact. This skill-building component of the unit allows your supervisor to observe your new skills, using a checklist as a guide, and give you feedback. It is up to you and your supervisor to decide whether you will be observed during a role-play or an actual client visit.

Before you begin, read through the three vignettes that follow and discuss at least one with your supervisor. Next, try to answer the *Questions for the Case Manager* that follow. You will also want to familiarize yourself with the *Observation Skills Checklist for Supervisors* that your supervisor will use when observing your role-play or client session.

If you are going to do a role-play:

Doing a role-play gives you the chance to practice skills and get feedback from your supervisor before you begin seeing clients. Decide with your supervisor which vignette is appropriate for you. Choose a coworker to play the role of the client. Remember that some of the *Questions for the Case Manager* should be completed before the role-play. Others will need to be answered afterward. Decide how much time you want to complete the role-play. Your supervisor should use the *Observation Skills Checklist for Supervisors* to evaluate your role-play and write down observations. If you or your supervisor is not satisfied with the session, you may decide to do an additional role-play or create your own scenario.

If you are seeing a client:

If you are ready to actually see a client, make arrangements with your supervisor to observe the session. Remember to look over the *Questions for the Case Manager* (below) before the session. Your supervisor should evaluate the session using the *Observation Skills Checklist for Supervisors*.

Questions for the Case Manager:

1. What is your main goal for this client visit?
2. What steps would you take to meet that goal?
3. What might you say as you try to meet this goal?
4. What boundaries, if any, are being challenged by this scenario?
5. What cultural issues may arise, and how would you address them?

Vignettes

Karen is a 14-year-old client. Her 17-year-old sister Julie is a mother of two who is in your program. Karen has always been wild, and you think she will be sexually active soon. You are at Karen's home with Julie and the rest of the family. The parents express their doubts about the role of a case manager, since Julie had her second child after your services began. Their comments indicate that they don't understand the role of case management. In addition, they are very religious and feel upset about Julie's lack of religious practice. In front of her family, Karen asks you whether you have a boyfriend or children and if you're there to make sure she doesn't end up like her sister. Later, when you meet with her alone, you are surprised when she opens up about her difficulties at home and starts to cry as the time is ending.

John is the father of Salina, age 6 months. He lives with Salina's mother, Teri, in Teri's parents' house. He holds the baby a lot, but doesn't really play with her or talk to her. He feels like everyone is always telling him what to do, especially Teri's family. He is African-American and Teri's family is Filipino. He is working on getting his GED, and he has a test tomorrow he hasn't studied for. When you come to the house, he asks you to watch the baby for half an hour. Everyone else is at home, but they are all involved with other activities. You know that asking for help is a big deal for him, because you've heard him say that he can handle things on his own and you know that he was raised to be a provider. He has never asked you for anything before.

Rosa is a hardworking 17-year-old who has been your client for about a year. She has a 4-month-old infant. You get a phone call from her mother saying that Rosa won't get out of bed after an attempted rape two days ago. Rosa is a Mexican immigrant who is bicultural. Her family is monolingual and feels that Rosa is losing her culture and traditions, and there is a lot of conflict in the family about this. You go over to her house to find out what's going on and see how you can help support her through this crisis. Everyone is very secretive and whispering, and you get a sense that Rosa is feeling very ashamed and alone.

Observation Skills Checklist for Supervisors – Unit 2

Agency _____ Type of session role-play / real session (circle one)

Case Manager _____ Supervisor _____ Date _____

	Did the Case Manager:	Comments:
<input type="checkbox"/>	Summary of “Unit 1: Essential Communication Skills” <ul style="list-style-type: none"> <input type="checkbox"/> Welcome the client and introduce self in a friendly way? <input type="checkbox"/> Establish rapport with the client? <input type="checkbox"/> Introduce supervisor and client to each other and clearly explain to client the purpose of supervisor's presence in the meeting? (real session) <input type="checkbox"/> Use open body language to show interest? <input type="checkbox"/> Explain the role of the case manager? <input type="checkbox"/> Explain confidentiality and what it means to be a mandated reporter? <input type="checkbox"/> Assess the client's agenda and address her/his concerns? <input type="checkbox"/> Listen attentively? <input type="checkbox"/> Use paraphrasing effectively? <input type="checkbox"/> Give client positive feedback/point out strengths? <input type="checkbox"/> Addresses sensitive topics with a neutral stance? <input type="checkbox"/> Ask open-ended questions and encourage client to talk? <input type="checkbox"/> Acknowledge, validate and normalize client's feelings appropriately? 	
<input type="checkbox"/>	Prepare in advance for this client visit?	
<input type="checkbox"/>	Introduce her/himself to the client's family and explain role?	
<input type="checkbox"/>	Help the client decide what goals to focus on, and build on the client's strengths?	
<input type="checkbox"/>	Encourage/allow client to do all the steps s/he was capable of?	

continued on next page

Observation Skills Checklist for Supervisors – Unit 2 continued

	Did the Case Manager:	Comments:
<input type="checkbox"/>	Respect client boundaries and model her/his own boundaries?	
<input type="checkbox"/>	Find out about client's values, beliefs, and opinions?	
<input type="checkbox"/>	Communicate respect, openness, and interest?	
<input type="checkbox"/>	Acknowledge differences and address any issues related to culture as needed?	
<input type="checkbox"/>	Assess client stage of change and respond appropriately?	
<input type="checkbox"/>	Make appropriate referrals?	
<input type="checkbox"/>	Close session with summary of topics discussed/plans or agreements made?	
<input type="checkbox"/>	Summarize session and use closed questions appropriately?	
<input type="checkbox"/>	Review actions/decisions/referrals and the next appointment time?	

Case Manager Strengths: _____

Congratulations!

You have completed Unit 2!

UNIT 2: Case Management Challenges – Pre-Test

1. Circle the false statement(s):
It is important to maintain boundaries because...
 - a. It provides an opportunity for clients to focus on themselves.
 - b. It is not necessary for you to gather really personal information about the client to do your job well.
 - c. It prevents the client from becoming too dependent on the case manager.
 - d. It helps prevent job burnout.
2. Circle the false statement(s):
I have good professional boundaries when I....
 - a. Avoid my client when I see them outside of work.
 - b. Send clients a card sometimes instead of going to their event.
 - c. Empower clients to do as much on their own as possible.
 - d. Choose to make self-disclosures only if it would benefit the client.
3. Circle the false statement(s):
When clients ask me personal questions, it is important for me to think about:
 - a. How sharing personal information will benefit this client.
 - b. What the underlying question is that is being asked.
 - c. If the client is trying to shift the attention away from her/himself.
 - d. How to change the subject.
4. True or False (circle one)
When most people try to change behavior, they usually go back and forth through the five different stages.
5. In the below statement, what “stage of change” is the client in?
“I am starting to think that maybe I need some help with parenting.”
 - a. Precontemplation
 - b. Contemplation
 - c. Preparation
 - d. Action
 - e. Maintenance
6. True or False (circle one)
The good thing about being in the maintenance stage is that you never fall back into the old, undesirable behavior.

7. True or False (circle one)
Confronting a client may be important when you think it is imperative that the client stop a certain behavior or if confrontation will help a client develop insight about the consequences of their choices.
8. Circle the false statement(s):
Home visiting allows you to...
 - a. View the client in their own environment.
 - b. See how the parenting teen interacts with her/his child at home.
 - c. Try to find time to tell other family members your helpful thoughts about your client.
 - d. Become familiar first hand with some of your client's culture, beliefs and practices.
9. True or False (circle one)
Your client's family may freely give information to you, but you may not give information to the family without the client's consent.
10. Circle the false statement(s):
 - a. To be safe on a home visit, it is mandated to always go in pairs with another case manager.
 - b. To be safe on a home visit, it is good to wear comfortable clothes and shoes.
 - c. To be safe on a home visit, leave your identification badge at the office because it makes you stand out.
 - d. To be safe on a home visit, be aware of where the exits are and have access to them at all times.
11. True or False (circle one)
A person's culture is more than just their race or nationality.
12. True or False (circle one)
Avoid asking clients questions about their culture; it may lead to misunderstandings.
13. Below are the 6 stages of crisis intervention that often occur. Put a number next to each to indicate the order in which these usually occur.
 - ___ Put the problem into a broader context
 - ___ Identify the nature and cause of the crisis
 - ___ Evaluate client functioning
 - ___ Evaluate and follow up
 - ___ Problem-solve together
 - ___ Choose action strategies

14. Circle the false statement(s):

- a. When working with suicidal or homicidal clients, it is important to notify your supervisor that your client is suffering from these symptoms.
- b. Case managers should refer out all suicidal or homicidal clients because they should not see clients until their symptoms are less acute.
- c. Case managers can do an initial assessment to determine whether a client is suicidal or homicidal before referring to a mental health professional.
- d. Clients who are suicidal and have a plan should not be left alone.

15. Circle the false statement(s):

To prevent burnout it is important to

- a. Pay attention to your emotions and your personal life.
- b. Protect your time for yourself, your goals, and relaxation time.
- c. Identify and manage the times that stress and pressure at work mount up and affect you negatively.
- d. Remember that you are responsible for your clients' successes or failures.

UNIT 2: Case Management Challenges – Post-Test

1. Circle the false statement(s):
It is important to maintain boundaries because...
 - a. It provides an opportunity for clients to focus on themselves.
 - b. It is not necessary for you to gather really personal information about the client to do your job well.
 - c. It prevents the client from becoming too dependent on the case manager.
 - d. It helps prevent job burnout.
2. Circle the false statement(s):
I have good professional boundaries when I....
 - a. Avoid my client when I see them outside of work.
 - b. Send clients a card sometimes instead of going to their event.
 - c. Empower clients to do as much on their own as possible.
 - d. Choose to make self-disclosures only if it would benefit the client.
3. Circle the false statement(s):
When clients ask me personal questions, it is important for me to think about:
 - a. How sharing personal information will benefit this client.
 - b. What the underlying question is that is being asked.
 - c. If the client is trying to shift the attention away from her/himself.
 - d. How to change the subject.
4. True or False (circle one)
When most people try to change behavior, they usually go back and forth through the five different stages.
5. In the below statement, what “stage of change” is the client in?
“I am starting to think that maybe I need some help with parenting.”
 - a. Precontemplation
 - b. Contemplation
 - c. Preparation
 - d. Action
 - e. Maintenance
6. True or False (circle one)
The good thing about being in the maintenance stage is that you never fall back into the old, undesirable behavior.

7. True or False (circle one)
Confronting a client may be important when you think it is imperative that the client stop a certain behavior or if confrontation will help a client develop insight about the consequences of their choices.
8. Circle the false statement(s):
Home visiting allows you to...
 - a. View the client in their own environment.
 - b. See how the parenting teen interacts with her/his child at home.
 - c. Try to find time to tell other family members your helpful thoughts about your client.
 - d. Become familiar first hand with some of your client's culture, beliefs and practices.
9. True or False (circle one)
Your client's family may freely give information to you, but you may not give information to the family without the client's consent.
10. Circle the false statement(s):
 - a. To be safe on a home visit, it is mandated to always go in pairs with another case manager.
 - b. To be safe on a home visit, it is good to wear comfortable clothes and shoes.
 - c. To be safe on a home visit, leave your identification badge at the office because it makes you stand out.
 - d. To be safe on a home visit, be aware of where the exits are and have access to them at all times.
11. True or False (circle one)
A person's culture is more than just their race or nationality.
12. True or False (circle one)
Avoid asking clients questions about their culture; it may lead to misunderstandings.
13. Below are the 6 stages of crisis intervention that often occur. Put a number next to each to indicate the order in which these usually occur.
 - ___ Put the problem into a broader context
 - ___ Identify the nature and cause of the crisis
 - ___ Evaluate client functioning
 - ___ Evaluate and follow up
 - ___ Problem-solve together
 - ___ Choose action strategies

14. Circle the false statement(s):

- a. When working with suicidal or homicidal clients, it is important to notify your supervisor that your client is suffering from these symptoms.
- b. Case managers should refer out all suicidal or homicidal clients because they should not see clients until their symptoms are less acute.
- c. Case managers can do an initial assessment to determine whether a client is suicidal or homicidal before referring to a mental health professional.
- d. Clients who are suicidal and have a plan should not be left alone.

15. Circle the false statement(s):

To prevent burnout it is important to

- a. Pay attention to your emotions and your personal life.
- b. Protect your time for yourself, your goals, and relaxation time.
- c. Identify and manage the times that stress and pressure at work mount up and affect you negatively.
- d. Remember that you are responsible for your clients' successes or failures.

UNIT 2: Case Management Challenges – Supervisor Sign-Off Sheet

Case Manager's Name _____

Supervisor's Name _____

Agency _____

Supervisor's Phone _____ Date _____

Activity	Page #	Supervisor Initials	Date Completed
Healthy Professional Relationships			
Assessing Your Professional Boundaries	5		
Self-Disclosure	7		
Challenges to Boundaries	9		
Stages of Change	13		
Challenging Your Clients	16		
Practicing Immediacy	17		
Confronting Clients Effectively	19		
Beyond Your Comfort Zones	20		
Your Family Values — Past and Present	27		
Home Visiting			
Explaining your Purpose and Role to the Client's Parents	33		
Explaining Confidentiality to the Parents	34		
Challenging Family Members	36		
Strengthening the Relationship between Client and Child	38		
Taking Precautions	41		
Crisis Intervention			
Crisis Intervention	48		
Containment	51		
Views of Therapy	53		
Teamwork			
Organizing Key Tasks	60		
Managing Stress and Preventing Burnout Prevention	62		
Putting It All Together – Supervisor Observation	65		

Endnotes

- ¹ T.J. Tuzil, "Writing: a Problem-Solving Process," in *Social Work*, vol. 23 (1978), pp. 63-70.
- ² B. Kalmanson and S. Seligman, "Family-Provider Relationships: The Basis of all Interventions," in *Infants and Young Children*, vol. 4, #4 (1992), pp. 46-52.
- ³ Institute for Human Services handout (1989).
- ⁴ See note 3 above.
- ⁵ Adapted from example given by Candace McLeod in a professional communication (2002).
- ⁶ L. Epstein and L. Brown, *Brief Treatment and a New Look at the Task-Centered Approach*, 4th ed. (Boston: Allyn and Bacon, 2002).
- ⁷ See note 3 above.
- ⁸ See note 8 above.
- ⁹ See note 8 above.
- ¹⁰ Adapted from Anisa Law (2002).
- ¹¹ Brenda Stevens and Lynette Ellerbrock, *Crisis Intervention: An Opportunity To Change* (Greensboro: ERIC Clearinghouse on Counseling and Student Services, 1995).
- ¹² E. Lindemann, "Symptomatology and Management of Acute Grief," *American Journal of Psychiatry*, 101 (1944), pp. 141-148.
- ¹³ Adapted from J. Mitchell, "When Disaster Strikes: The Critical Incident Stress Debriefing Process," *Journal of Emergency Services*, vol. 8, #1 (1983), pp. 36-39.
- ¹⁴ Adapted from Geodex International, Inc. handout (Sonoma).